

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Erica L. Murphy  
 1065 Scales Circle  
 Valley, AL 36854-4610

A. Received by (Please Print Clearly)	B. Date of Delivery
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C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

Yes  
 No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 525 226 744

PS Form 3811 July 1999

Domestic Return Receipt

102595-99-M-1789

3:06cv427-wkw